

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026321

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 294

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape GirardeauLength of stay in lb
15 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SEMO HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Gir.

c. CITY OR TOWN Oak Ridge

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
across fr. Methodist ChurchReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Larkin

Middle Lee

Last Moneyhun

4. DATE OF DEATH July 6, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-11-1901

9. AGE (last birthday) 60

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Store owner & Trucker10b. KIND OF BUSINESS OR INDUSTRY
Feed & Transportation Brownstown, Ind.11. BIRTHPLACE (City and state or country)
U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Larkin W. Moneyhun

13b. MOTHER'S MAIDEN NAME

Lorhman

14. NAME OF HUSBAND OR WIFE

Bernice Cadle Moneyhun

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO. ****

17. INFORMANT
Bernice Moneyhun Oak Ridge, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Colon

INTERVAL BETWEEN ONSET AND DEATH
6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma Colon & Rectum

2 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/13/61 to 7/6/62 and last saw him alive on 7/6/62

Death occurred at 10:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1912 Broadway, Cape Girardeau, Missouri

22c. DATE SIGNED

7/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 7-9-1962

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery23d. LOCATION (City, town, or county)
Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

7-12-62

26. REGISTRAR'S SIGNATURE

Jesse Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

McGarity

Del on 7-9-62
Picked up 7-12-62

2961, 41, 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.